

# CBT 801 MCI

## Recertification

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## FOREWORD

“MCI” – Multiple Casualty Incident – what is it? How do we recognize and identify one? When is it appropriate to implement the King County MCI Plan and use the Incident Management System (IMS) to help manage the resources? These are frequently asked questions. It is easy to answer this when responders are faced with treating 30 patients, but what about 3 to 5 patients, or 7 to 10?

If there are 3 or more patients at the scene, then implement the IMS system. It will put everyone in the IMS / Triage mode. This will accelerate patient care and help us react to a difficult situation.

Use triage to define the critical patients. Tell people what you have on the radio, i.e. “We have 1 red and 3 yellow patients.” This will help the incoming units and also give a heads-up to the dispatchers, who are an often overlooked valuable resource.

The following CBT class should help you answer some of these questions. If you use it, it will help. We have some changes that we need to implement since the last time we visited this class.

ABCs of Triage:      How do we normally triage? “Annie, Annie, are you OK?” Why don’t we continue with this?  
Look at the MOI (Mechanism Of Injury) and then ascertain if Sick or Not Sick.

White Tape            The use of white tape is to indicate the patient has been decontaminated. Think of this when you respond to a haz-mat situation.  
An example of this might be a bus accident with people contaminated with diesel.

Treatment may be shortened in some cases to provide quicker transportation. Think about treating in the back of the transport vehicles.

Tom Agnew  
Shoreline Fire Department

## OBJECTIVES

This is a course on handling the Multiple Casualty Incident (MCI). It covers fundamental concepts related to MCIs. Please read this manual and complete all the exercises ***before class***.

This class was written for first responders, EMTs, paramedics, and fire service personnel. The information that is essential for you to know is in ***italicized, bolded print*** throughout the text.

Upon completion of this class you will be able to:

- 1) ***List the responsibilities of the first arriving unit to an MCI (on a written quiz, identifying at least 4 major responsibilities).***
- 2) ***Triage simulated patients using the Triage system (given 4 patients, triaging 4 out of 4 correctly; each must be triaged within 30 seconds).***
- 3) ***List the 5 medical positions in the MCI plan and major responsibilities of each (on a written quiz, listing at least 2 major responsibilities of each position).***
- 4) ***List the 3 actions that must be completed before a patient can be transported to the hospital (on a written quiz, identifying all 3 actions).***
- 5) ***Give specific directions which will support the medical goal at an MCI; to move patients to regional hospitals based on their triage category and available transport units.***

## BASIC MCI CONCEPTS

This introduces basic Multiple Casualty Incident (MCI) concepts and briefly describes the MCI Plan. The MCI Plan outlines the organizational structure that should be used in response to an MCI.

### The Multiple Casualty Incident

In the delivery of everyday EMS, we often give overwhelming attention to a single patient. In a Multiple Casualty Incident we cannot do this because there is a sustained period of time in which patients outnumber rescuers.

**An MCI is any incident where the number of patients and medical tasks at the moment exceeds the responding resources.**

The MCI must be managed differently than the normal EMS incident. Patients with minor injuries will not get immediate attention as in a normal EMS response. Those with life-threatening injuries are treated first. The medical goal at a identified MCI is to transport the injured to regional hospitals in an orderly way based on patient triage categories.

An MCI presents a unique set of challenges not typically addressed by routine training and standard treatment protocols. As a result, the EMS community in King County has created a special plan to deal with these challenges.

### The MCI Plan

The *MCI Guide* ("The Plan") is a document developed by a sub committee of the King County Fire Chiefs, it describes how to respond to an MCI. The Plan establishes an organizational framework and defines the main roles and responsibilities for responding agencies. It also defines communication channels between on-scene and off-scene personnel; for example, hospitals, dispatch, and outside agencies.

**Organization and communication** are the two key factors in a successful response to an MCI—these are more important than providing on-the-scene treatment. Saving lives during an MCI depends on the ability to quickly move patients through the system rather than the ability to apply splints, bandages, and backboards. **Remember, effective MCI management is not merely an extension of everyday EMS.**

The Plan uses the *Incident Management System* (IMS) as a model for organizational structure. IMS is designed to ensure good communication and organization.

### Incident Management System (IMS)

The Incident Management System was originally developed to manage the dozens of agencies battling California wildland fires in the 1970s. By clearly designating leaders and their duties and by setting guidelines for interdepartmental interaction, IMS helps rescuers mount an organized and effective response to a large-scale incident. Today it is applied in virtually all sizable incidents, including hazardous-materials and fire incidents, as well as MCIs.

IMS is effective because it requires the responding agencies to:

- define specific objectives
- identify specific duties
- identify one commander
- set clear lines of authority
- define a reasonable span of control

A basic premise of IMS is that each supervisor should be in charge of three to seven subordinate units (i.e. unit leaders), with an optimum of five. ***A reasonable span of control prevents overwhelming one person.*** It allows supervisors to focus on their objectives. If there are too many people for one leader to manage, he or she assigns some of their authority to another person.

### **Medical Positions within the MCI Plan**

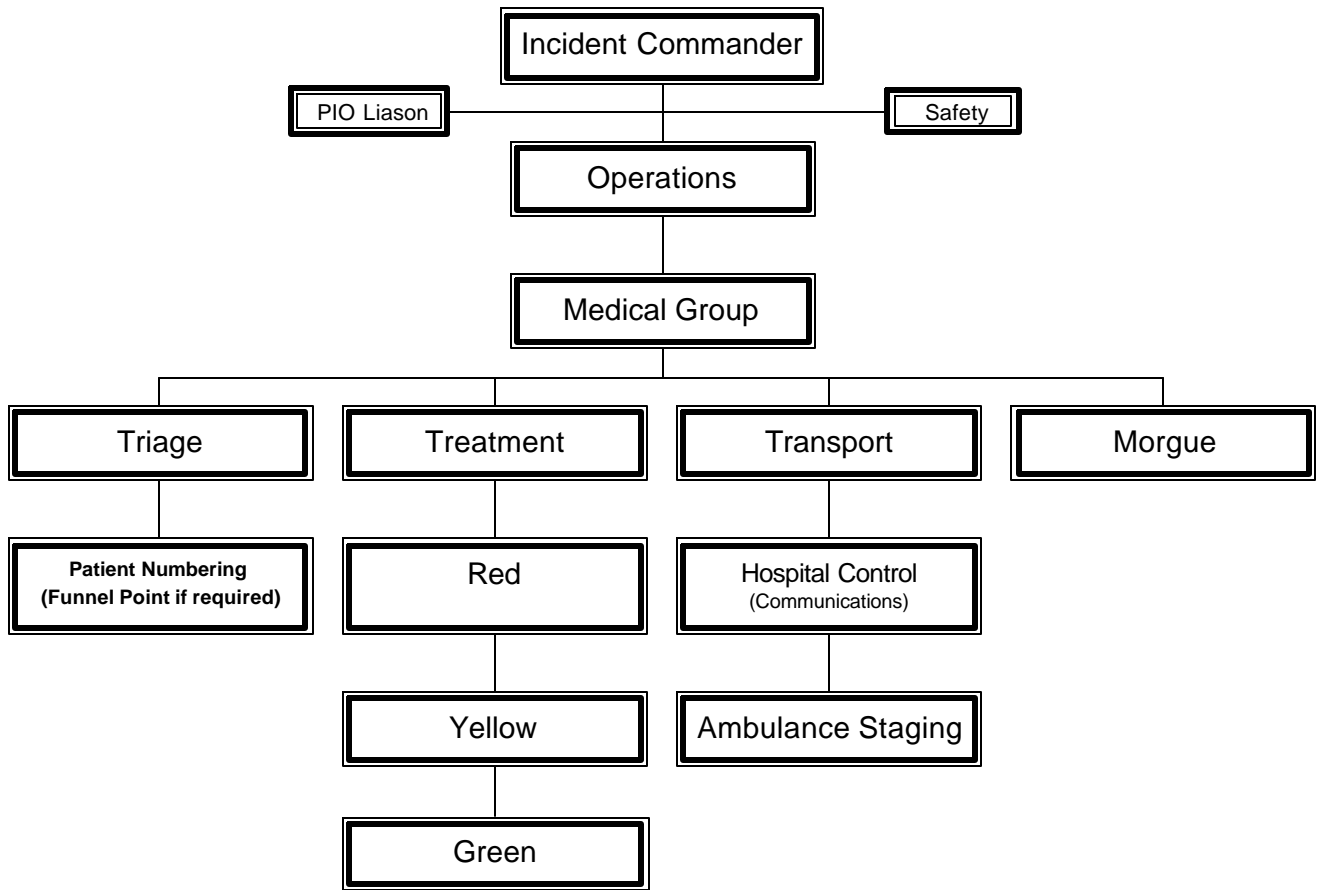
IMS defines the ***chain of command*** led by an Incident Commander (IC), who is in charge of the overall operation. The chain of command is "who reports to whom."

In the medical area, team leaders report to the Medical Group Supervisor (MGS), who reports to the IC. (Note: the Operations Section Chief is an optional position.) The Medical team leaders include:

- Triage Group Leader
- Treatment Group Leader
- Transportation Group Leader
- Morgue Team Leader

All requests for resources and reports of information travel through the person above you in the chain of command.

# MCI Organization Chart



## IMS Organizational Chart Grows and Shrinks

IMS is a "build it as you need it" structure. Positions are filled according to the size and the complexity of the incident. In a small incident, you ***do not need to assign a person for each position on the chart***. In a large incident, you may need to fill all of the positions. The organizational chart on the previous page is the recommended structure for a larger incident.

There are no strict rules for when to expand or shrink the organizational structure. However, if you keep in mind the *reasonable span of control* concept and the four basic tasks that must be done in any MCI, you will be better prepared to make the decision. The four tasks are:

- **Triage** Individuals responsible for finding and counting all the patients and prioritizing every patient to determine the urgency of treatment and transport.
- **Treatment** Individuals responsible for rapid, appropriate treatment.

- **Transport** Individuals responsible for the rapid loading of patients in ambulances and obtaining hospital destinations for each from Hospital Control.
- **Morgue** Individuals responsible for security of the dead and, ultimately, working at the direction of the Medical Examiner.

At any incident, two factors influence the I.C.'s decision to set up specific parts of the MCI/IMS Plan; the number of patients and the severity of their injuries. The presence of a single Red patient increases the medical complexity of the incident, which increases substantially with each additional Red patient.

At a small incident, with three or less patients, the I.C. may be able to control everything, including patient treatment and transport.

At a larger incident, with a number of uninjured "Green" patients milling around, a Triage Team may be required to sort the patients.

With any number of injured patients, especially Red patients, the need increases for specific Triage, Treatment and Transport teams.

Remember, delegate to assure that the four basic tasks are completed in a reasonable amount of time—***If you can't do it, delegate it.***

## FIRST ARRIVING UNIT

The success of the MCI response depends greatly on the actions of the first unit. ***Success or failure is often determined within the first ten minutes.*** The whole operation will work much more smoothly if the first unit correctly sets up the response.

***Regardless of the size of the incident, it is important to implement IMS as early as possible.*** Early organization helps prevent chaos and miscommunication as units arrive on the scene. This is the responsibility of the first arriving unit.

### Major Responsibilities of the First Arriving Unit

1. Size-up the incident
2. Request additional resources
3. Establish command
4. Make assignments
5. Initiate triage

## First Arriving Officer

The officer of the first arriving unit **becomes the Incident Commander**. Sometimes it is possible to provide an accurate, initial size-up based on what is seen on approach. If not, the I.C. must perform a quick **walk-around** to gauge the extent of the incident. Determine if there are any hazards such as *fire, electrical, hazardous materials release, or collapse*. Next, give a short report to dispatch. Warn incoming units of potential dangers and recommend a specific approach.

Make a quick determination, based on the number of patients and the severity of their injuries, to activate the MCI Plan and to request additional resources.

In some parts of King County, “MCI Run Cards” are in place which allow the I.C. to request those resources based on the number of patients. Additional BLS, ALS and ambulances are pre-assigned for rapid response. In some cases, the dispatch centers may initiate the first level of response (1-10 patients) based on information received from the reporting party. Students should check to see what is available at their local communications center.

As the IC, you will first establish Command by stating that you are the Incident Commander to dispatch and by naming the Command (a street name is commonly used, for example, “Broadway Command”). You will also make assignments to incoming companies. These may include hazard mitigation, triage, parking, or scene set-up. Make assignments while units are en route—otherwise, they will arrive without directions and time may be wasted.

The crew of the first unit must begin important tasks while waiting for other rescuers. Depending on the situation, the IC may direct them to:

- isolate the walking wounded
- begin triage
- establish a staging area
- remove debris to facilitate triage

## Initial Triage

One action of the first unit is **initial triage**. This should be done by the driver or crew of the first arriving fire/EMS unit, estimating the number of patients so you can identify the resources needed, as well as identifying the number of red patients you need to start moving. Ask all uninjured or lightly injured patients who can walk, to go to a designated area. By doing this, you contain all the patients without serious injuries in a safe area so that they can be tracked and utilized, if needed. This also prevents them from wandering around the incident, as the condition of some green patients may worsen. Consider using a public address system to give them directions.

The walking wounded are flagged green and numbered when time permits. They may be transported to an off-scene site or used to assist rescue personnel. You should number all patients in the smaller MCIs as soon as possible. This will



greatly assist in tracking each patient. You should also activate The Plan and consider co-morbidity and mechanism of injury to dictate some resources. Resources may include an ALS unit to assist you as MGS, not because of any red patients. ALS personnel may provide assistance in helping run a smaller incident, even one without a Red patient, by helping with triage, numbering, transport and contacting receiving hospitals.

## ABCs of Triage

Triage comes from the French word meaning “to sort”. In the MCI setting, it is a rapid process used to determine the severity of each patient’s injuries and to categorize each patient into one of four classes, starting with the most critical:

Red, Yellow, Green, Black

Triage will greatly assist the medical goal at an MCI but readily identifying those patients who need medical care and transport and in which priority.

### Initial Triage (the A,B,C approach)

With the ABC system you can triage each patient quickly. It is an effective system for several reasons:

- It does not require complex skills.
- ABC assessment is rapid and uses a traditional time-honored system.
- No specific diagnosis is made.
- Quick stabilization is provided (airway and major bleeding).
- It is easy to teach, learn, and remember.

In the early stages of an incident, rescuers approach each injured person. After a rapid assessment of no more than **30 seconds**, you classify the patient according to a color scheme and attach an arm-length of colored tape to the patient’s wrist. The color indicates the priority for treatment.

<u>Color</u>	<u>Meaning</u>
Red / White striped	critical, immediate treatment
Yellow / White striped	injured, delayed treatment
Green / White striped	minor or no injuries
Black / White striped	dead or mortally injured
White	have been decontaminated

### ABCs

The old, familiar “A,B,C” of CPR will help you remember the steps in our Triage:

- 1) **Awake** (if coma, then **Airway**), 2) **Breathing** (Are they breathing? Signs of respiratory distress?), and 3) **Circulation** (Do they have a peripheral pulse? Signs of shock?). The system is similar to the ABCs of everyday EMS, except for one difference (Awake), and we will discuss this shortly.

## Glossary for Triage Algorithm

**Mechanism:** *Kinetic energy transference (extent of damage or force)*

**Level of Consciousness:** *AVPU response*

**Distress:** *Color, posture, noise, effort, volume of respirations*

**Shock:** *Decrease LOC, Decreased radial pulse, Skin: pale, cool sweaty*

**Black (dead):** *Consider availability of resources!!!!!!*

- A** With this system you first check to see if the patient is alert (“All that can walk come to the tree.” “Where do you hurt?”). If the patient can walk away without apparent injury, corral this patient with similar “green” patients and have an EMT check them frequently because there may be a change in their condition. If the patient is not responsive, check for breathing. If the patient is not breathing, open airway. If still not breathing, classify him or her as Black (dead).
- B** If the patient is breathing too fast or too slow or appears to be in respiratory distress (i.e. gasping, grunting, can’t talk), the classification is Red.
- C** If the patient is breathing normally, check the radial pulse for presence. If there is no radial pulse, indicating shock, categorize the patient as Red. If a radial pulse exists, classify the patient as Yellow.

The goal of triage is to assess the most critical patients and support the movement of the injured by personnel. However, *you may briefly attempt to **open the airway** or **stop major bleeding***. You may enlist bystanders to help in treatment—for example, using the jaw thrust maneuver or applying direct pressure to a bleeding wound (provide them with personal protection such as gloves). If bystanders are used, get them BSI as soon as possible. Also consider getting their names for follow-up information. Positioning a patient to protect his or her airway is also an appropriate intervention—as long as it takes only a few seconds. Use readily available materials for dressings, such as clothing.

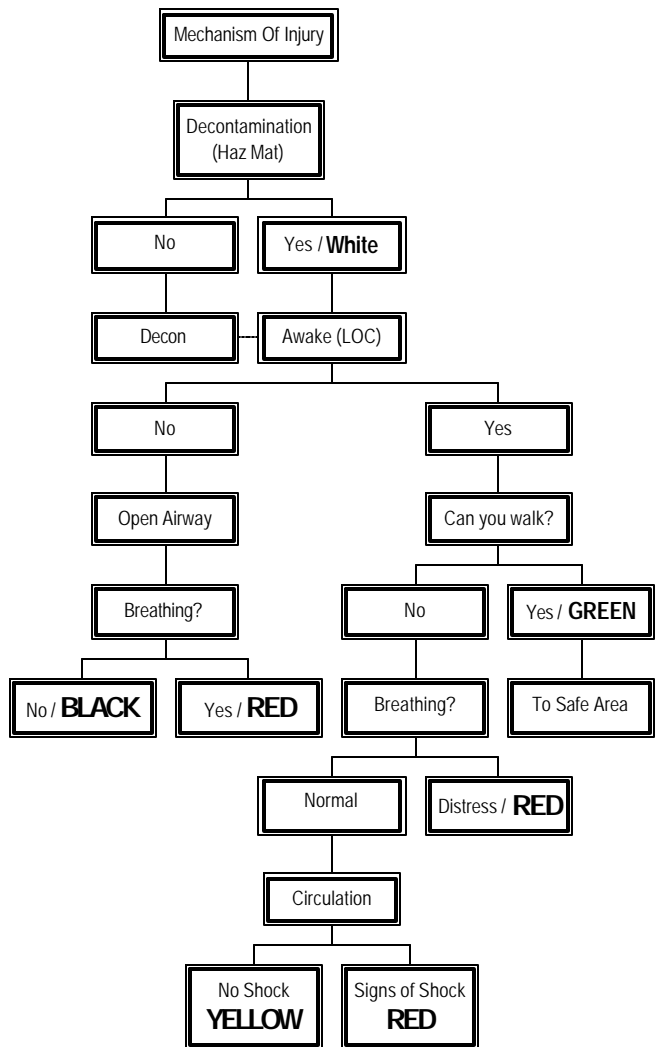
Remember that all unconscious patients are either Black or Red depending on their ability to breathe. Track the number of patients on the back of your gloved hand or pants with some 2” tape. This is especially important for the red patients.

Triage colorings are a quick guide to help screen the patients. Resources are dictated not only by the number of patients found but also by the color of the patients found. For instance if you find 8 patients and they are all yellow, do you need ALS? You may not need them for patient care but may choose to use them as Medical Group Supervisor.

***Remember to re-Triage whenever possible because the patient's condition may change or the initial triage classification may be inaccurate!***

To flag a patient, tie an ***arm-length*** of colored triage tape (from your triage belt) to the ***wrist*** of the patient to indicate the priority of their injury. You must keep track of the number of colors especially reds and yellow. You may consider putting a six-inch strip of adhesive tape on your pant leg in order to tally the total number of patients in each category that you have triaged. When you are done, give the strip of adhesive tape to the Triage Team Leader. This will help determine the resources that are needed.

# ABC Triage Algorithm



# INCIDENT COMMANDER

The **first officer** on the scene becomes the Incident Commander (IC). This person remains in charge until a higher-ranking officer arrives and assumes command. The IC is responsible for the overall incident.

## Major Responsibilities of the Incident Commander

1. **Assume Command**
2. **Size-up the incident**
3. **Identify the overall strategy**
4. **Give clear, specific directions to responding units about where to park and their assignments.**
5. **Develop an effective organizational structure**

The IC is responsible for overall safety and welfare of all personnel as well as requesting and managing resources. An accountability system should be in place as well as other measures to assure safety.

If you are assuming command, you must first speak with the current IC and announce that you are in charge. The officer assuming command should speak face-to-face with the person being relieved. Transfer of command to an officer not physically present at the scene could result in a loss of control or communications, delaying or hindering proper care of patients. A fire service officer with incident command training usually fills the IC position.

Next, establish a Command Post and **name** the Command (If that has not been done). After sizing up the scene, identify an overall strategy for dealing with the incident. The overall strategy for an MCI generally is extrication, triage, treatment, and transport of all patients. Next, you will develop an *incident action plan* and make assignments to fulfill the action plan. Appoint a Medical Group Supervisor (MGS) to oversee all medical operations including triage, treatment, and transport.

The specific actions taken by the IC vary depending on the situation and whether there are fire suppression, rescue, hazardous materials, terrorism or other situations that must be addressed. The IC may:

- activate the MCI Plan (if not activated earlier)
- request additional assistance and resources
- appoint an Operations Section Chief
- appoint Information, Liaison, and Safety Officers
- oversee firefighting, haz-mat, and rescue operations

The IC assigns personnel to positions based on need. In a small incident, one person may serve as both the IC and the MGS. In a larger MCI, the IC may appoint another person to be MGS. The MGS may appoint assistants, in addition to the team leaders, to carry out his or her tasks. Remember that IMS allows leaders to delegate if the span of control becomes too great.

# **MEDICAL GROUP SUPERVISOR**

The Medical Group Supervisor (MGS) manages all teams within the Medical Group including triage, treatment, transportation, and morgue.

## **Major Responsibilities of the Medical Group Supervisor**

- 1. Obtain briefing from IC**
- 2. Assign Triage, Treatment, and Transportation Team Leaders**
- 3. Establish effective communications with team leaders**
- 4. Update IC on progress and needs**

The MGS is responsible for all medical activity. This position is generally given to the first arriving Medic unit officer (such as a paramedic). At larger incidents, a Medical Services Officer (MSO) or Medical Services Administrator (MSA) fills the position. Once the MGS is established, they need to be briefed by the IC. Upon obtaining the briefing, the MGS should determine which resources are available to the Medical group and understand tactical objectives.

The MGS dons a vest with the position name written on it. This person is usually stationed near the Command Post. The Plan contains a duty checklist for the MGS and all team leader positions.

The MGS will distribute vests and checklists to team leaders, brief them on the tactical objectives, ensure that triage has been initiated and that the treatment and transport areas are set up, and decide if an ambulance staging area is needed and has been established.

The MGS may need one or more assistants in order to effectively handle all communications. All communication from the medical teams to the IC should go through the MGS.

Use the checklist on the scene to help you remember all of your responsibilities.

The MGS may initiate specific tasks:

- notify Hospital Control of the MCI if no Transportation Officer
- consider initiating the call-up of off-shift personnel and the activation of Special Assignment Units through the IMS
- request additional supplies and equipment through the IC
- maintain records and forward them to IC

## TRIAGE TEAM LEADER

The Triage Team Leader reports to the Medical Group Supervisor once the Medical Group has been established. The Triage Team accomplishes all Triage activities, including:

- Obtaining the initial patient count for the I.C.
- Performing the initial Triage of all patients.
- Confirming patient count and Triage colors.
- Numbering the patients.
- Directing the work of litter-bearers.

The work of Triage should be initiated by the driver of the first-arriving unit or other available crew members.

### Major Responsibilities of the Triage Team Leader

1. **Oversee triage**
2. **Consider resources needed**
3. **Coordinate movement of patients to treatment area**
4. **Consider Numbering Patients**
5. **Assign tags to patients**

The Triage Team Leader must assure that the team triages all patients and moves them through the funnel point toward the treatment area. Patients should be moved in order of priority (for example, first red, then yellow). The Triage Team Leader tags them with a treatment tag. You may assign a **Funnel Point Manager** to tag patients.

As the Triage Team Leader, you will need to acquire resources such as triage belts, backboards and appropriate PPE. Request supplies and resources through the MGS in anticipation of need; for example, status boards, litter bearers with backboards should be ordered before the time they are needed.

The treatment tag is made of surveyor's paper. Tie the tag to the patient's triage tape. Personnel in the treatment area will record information such as vital signs, triage color, and treatment. In most cases, ***apply treatment tags***.

Some of the additional tasks of the Triage Team Leader include updating the MGS on the number of patients, the extent of their injuries, and the need for a Medical Examiner and the morgue. The Triage Team Leader is also responsible for requesting additional personnel for triage, maintaining records, and forwarding records to the IC or MGS if one is activated. The Triage Team Leader's job is finished when all patients have been triaged and moved to the treatment area.

The Triage Team Leader should release triage personnel and litter bearers through the chain of command so that they may be immediately assigned to other areas. Always

give crews specific directions about where to go when they are released to prevent delays in re-assignment.

## TREATMENT TEAM LEADER

The Treatment Team Leader is responsible for managing the treatment area and assuring priority transport for the most critically injured patients. In most instances the Treatment Team Leader must delegate specific tasks in order to maintain control and coordination of the treatment area. In a larger incident, this position will need to be filled eventually by a paramedic; an EMT can fill it in a smaller incident.

### Major Responsibilities of the Treatment Team Leader

1. Set up treatment area
2. Assure that all patients are numbered, flagged and tagged
3. Direct and supervise treatment area
4. Assure that proper treatment and decon is given
5. Prioritize patients for transportation

As the Treatment Team Leader, you must set up and manage the *treatment area*. Consider access from the incident site and egress to the loading area when choosing a site. Also, site selection depends on such factors as patient safety and weather conditions. If properly parked, ambulances and EMS vehicles often provide the best "Treatment Area"; as they are warm, dry, lighted, allow ready access to equipment and are ready to roll when the treatment is complete.

The treatment area is divided into *red* (critical), *yellow* (delayed) and *green* (walking wounded) units. The patient number should be displayed on the treatment tag and the patient (cheek, forehead, or extremity). Some of these patients will also have *white* tape on to show they have been decontaminated, if it was needed. You must appoint a manager for each unit. Each unit manager reports to the Treatment Team Leader. The Treatment Team Leader reports to the MGS.

Realize that full treatment is usually not possible in the field and that ***the primary objective is to quickly stabilize patients and prepare them for transport to a hospital.*** Also, note that you should not be actively participating in treatment or radio communications. You are there to make sure that patients are stabilized quickly and then transported. Remember that ***most delays occur in the treatment area*** where patients wait for transport. Do not sacrifice rapid transport for thorough treatment in the field. ***Time is critical when dealing with a trauma patient.***

The Treatment Group Leader determines transportation priorities for patients and works closely with the Transportation Group Leader. Together they ensure that the most critical patients are moved quickly from the treatment area to waiting transport. You may need to re-triage patients and change their classifications if their condition worsens or improves.



# TRANSPORTATION TEAM LEADER

The Transportation Team Leader is responsible for effectively organizing transportation resources and using them to move patients from the incident scene to medical facilities. This is a critical position and needs to be filled by a competent individual.

The Transportation Team Leader is a **key** position in an MCI organization. This team leader must manage the *transport staging area* (a "parking lot" for ambulances and other transport vehicles, as well as transport personnel waiting to be directed to a task) and maintain communications with Hospital Control. He or she documents patient destinations and numbers provided by Hospital Control.

## Major Responsibilities of the Transportation Team Leader

1. **Set up ambulance staging area**
2. **Designate a Transport Staging Manager**
3. **Maintain medical communications**
4. **Document patient destination and number**

Like the other team leaders, the Transportation leader obtains an initial briefing from the IC and dons a vest. All team leaders must have a clear understanding of the incident objectives. The Transportation Group Leader may delegate hospital communications to a communications aide. If needed, he or she should appoint a *Transport Staging Manager*. The Transport Staging Manager tracks transport vehicles. Requests to move up to the loading area should come from the Transportation Team Leader.

The MCI response will flow more smoothly if you maintain quality communications with Hospital Control. Hospital Control (HC) assigns each patient a **destination hospital**. Once a communication link with HC is established it should not be discontinued until the incident is over. Hospital Control may assign each patient a number if not previously numbered, at the same time a hospital destination is provided.

Communication with Hospital Control should be brief but should include:

- Patient number
- Patient Triage status (Red, Yellow, Green)
- Primary injury
- Treatment provided
- Any special information (pediatric, pregnant, etc.)
- Confirm hospital destination

## ***Communication is essential between Transportation Team Leader and HC***

Use the *transportation status board* to note the information listed above as well as the transport unit and time the patient departs.

The Transportation Team Leader must be aware at all times of the availability of transport vehicles. All requests for additional resources must be routed through the MGS.

Primary Hospital Control is Harborview Medical Center: **206-731-3074** Call and ask for the "Charge Nurse".

In the event that HMC is unavailable, the secondary HC is Overlake: **425-455-6941**

## **Moving Patients**

In order for patients to be moved, they **MUST** have:

- Number
- Triage color
- Hospital destination
- Transport vehicle

In a haz-mat exposure incident every patient must be decontaminated before being examined, treated and transported. Remember, white triage tape identifies patients who have been deconned.

If you are a litter bearer (harvester), keep in mind that there should be four litter bearers per adult patient and two litter bearers per child to help prevent injury and fatigue.

## **CONCLUSION**

Multiple Casualty Incidents produce the most challenging situations for fire and EMS personnel. As the number of patients and the severity of their injuries increase, so does the complexity of the incident.

Successful management depend upon early recognition, prompt dispatch of resources and on-scene organization.

Every opportunity must be taken to train and practice the MCI Plan and response. Real incidents must be reviewed and evaluated for "lessons learned".

Everyone must study the plan and know our responsibilities. We may only get one chance to make it work.

## SCENARIOS

### 1

Eddie Veder and Britney Spears were on a motorcycle that veered into a car at a high rate of speed. The car had 2 occupants, Johnny Cochran and Bill Gates discussing mergers.

The 1<sup>st</sup> arriving unit finds:

Eddie has an airway and a good pulse but C/O pelvic pain.

Brittany has an airway and a good pulse but is SOB.

Johnny has an airway and a good pulse but has a decreased LOC.

Bill has an airway and a good pulse and no complaints.

### 2

Ian Anderson was riding his bike on the trail with Steven Stills. Both were, well racing. Unfortunately, they rode into 2 pedestrians, Tom G and John H, jogging. The bike riders were doing 35mph; the joggers doing 7-minute miles. It was a Tuesday with a high volume of traffic.

The 1<sup>st</sup> arriving unit finds:

Ian has an airway and a good pulse but c/o SOB.

Steven has an airway, but no pulse.

Tom G has an airway and a good pulse, but a decreased LOC.

John H has an airway, a good pulse, and no complaints.

### 3

Tracey White and Patty Ousley were driving the county van that was struck by another van with Gunny H and Hal N in it. The speed of each vehicle was 40 mph. This was a T-bone collision, on a Saturday night @ 1930 hrs.

The 1<sup>st</sup> arriving unit finds:

Tracey has an airway, a good pulse, and is a little dizzy.

Patty has an airway, a good pulse, but a decreased LOC.

Hal has an airway, but no pulse.

Gunny has an airway and a pulse, but is very SOB.

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